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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	96700/1031
First Named Inventor	William R. Jacobs, Jr.
<b>COMPLETE IF KNOWN</b>	
Application Number	10/542,958
Filing Date	01/23/2004 (IA)
Art Unit	to be assigned
Examiner Name	to be assigned

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**USE OF MYCOBACTERIAL VACCINES IN CD4+ OR CD8+ LYMPHOCYTE-DEFICIENT MAMMALS**

*(Title of the Invention)*

the specification of which

is attached hereto

**OR**

was filed on (MM/DD/YYYY) **01/23/2004 (IA)** as United States Application Number or PCT International

Application Number **PCT/US04/01773** and was amended on (MM/DD/YYYY) **07/21/2005** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

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1912

OR

Correspondence address below

Name

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State

ZIP

Country

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Email

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## NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

William R.

Jacobs, Jr.

Inventor's Signature

Date

11/28/07

Residence: City

Pelham

State

New York

Country

US

Citizenship

US

Mailing Address

47 Iden Avenue

City

Pelham

State

New York

Zip

10803

Country

US

Additional inventors or a legal representative are being named on the one supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tsungda		Hsu	
Inventor's Signature	<i>Tsungda Hsu</i>		Date 11/27/06
Residence: City Bronx	State New York	Country US	Citizenship TW

Mailing Address 1737 Haight Avenue

City Bronx	State New York	Zip 10461	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Vasan		Sambandamurthy	
Inventor's Signature			Date
Residence: City Singapore	State -	Country SG	Citizenship IN

Mailing Address 1935 Eastchester Road, Apt. 25G

City Bronx	State New York	Zip 10461	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Sheldon		Morris	
Inventor's Signature			Date

Residence: City Beltsville	State Maryland	Country US	Citizenship US
----------------------------	----------------	------------	----------------

Mailing Address 11025 Cedar Lane

City Beltsville	State Maryland	Zip 20705	Country US
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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page <u>2</u> of <u>2</u>		

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Stoyan		Bardarov	
Inventor's Signature		Date	
Residence: City (Deceased)	State	Country	Citizenship
Mailing Address (of heir) 17 Duncannon Ave. #9			
City Worcester	State MA	Zip 01604	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>	The address associated with Customer Number: <input type="text" value="1912"/>	OR <input type="checkbox"/>	Correspondence address below
Name <input type="text"/>			
Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	ZIP <input type="text"/>	
Country <input type="text"/>	Telephone <input type="text"/>	Email <input type="text"/>	

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NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/>	A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <input type="text" value="William R."/>	Family Name or Surname <input type="text" value="Jacobs, Jr."/>		
Inventor's Signature <input type="text"/>			Date <input type="text"/>
Residence: City <input type="text" value="Pelham"/>	State <input type="text" value="New York"/>	Country <input type="text" value="US"/>	Citizenship <input type="text" value="US"/>
Mailing Address <input type="text" value="47 Iden Avenue"/>			
City <input type="text" value="Pelham"/>	State <input type="text" value="New York"/>	Zip <input type="text" value="10803"/>	Country <input type="text" value="US"/>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <input type="text" value="one"/> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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ADDITIONAL INVENTOR(S)  
Supplemental SheetPage 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tsungda		Hsu	
Inventor's Signature		Date	
Residence: City	Bronx	State	New York
Country	US	Citizenship TW	
Mailing Address 1737 Haight Avenue			
City	Bronx	State	New York
Zip	10461	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Vasan		Sambandamurthy	
Inventor's Signature			Date
Residence: City	Singapore	State	-
Country	SG	Citizenship IN	
Mailing Address 1935 Eastchester Road, Apt. 25G			
City	Bronx	State	New York
Zip	10461	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Sheldon		Morris	
Inventor's Signature			Date
Residence: City	Beltsville	State	Maryland
Country	US	Citizenship US	
Mailing Address 11025 Cedar Lane			
City	Beltsville	State	Maryland
Zip	20705	Country	US

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Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Stoyan		Bardarov	
Inventor's Signature		Date	
Residence: City (Deceased)	State	Country	Citizenship
Mailing Address (of heir) 17 Duncannon Ave. #9			
City Worcester	State MA	Zip 01604	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name

Address

City

State

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Telephone

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William R.		Jacobs, Jr.	
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Residence: City Pelham	State New York	Country US	Citizenship US
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Mailing Address 1935 Eastchester Road, Apt. 25G			
City	Bronx	State	New York
Zip	10461	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Sheldon		Morris	
Inventor's Signature	<i>Sheldon Morris</i>		Date <u>11/27/06</u>
Residence: City	Beltsville	State	Maryland
Country	US	Citizenship US	
Mailing Address 11025 Cedar Lane			
City	Beltsville	State	Maryland
Zip	20705	Country	US

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page <u>2</u> of <u>2</u>		

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Stoyan		Bardarov	
Inventor's Signature			Date
Residence: City (Deceased)	State	Country	Citizenship
Mailing Address (of heir) 17 Duncannon Ave. #9			
City Worcester	State MA	Zip 01604	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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